

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE  
**460**

Page 1 of 21

For Official Use Only

Statement covers period

from 07/01/2017

through 12/31/2017

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee  
☒ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D.NUMBER  
744444

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

STREET ADDRESS (NO P.O. BOX)

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| SANTA ROSA | CA    | 95403    |                 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| SANTA ROSA | CA    | 95402    |                 |

OPTIONAL: FAX/E-MAIL ADDRESS  
7075446336 / northbayclc@sonic.net

## Treasurer(s)

NAME OF TREASURER  
Jack Buckhorn

MAILING ADDRESS

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| Santa Rosa | CA    | 95403    | 7075456970      |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS  
7075446336 / laborcouncil@att.net

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/31/2018 By Jack Buckhorn  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 21

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 3 of 21               |
| I.D. NUMBER<br>744444   |            |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

## Contributions Received

|                                       |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$37,792.71  | \$46,651.65                                |
| 2. Loans Received .....               | Schedule B, Line 7 | \$0.00   | \$0.00                                     |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$37,792.71  | \$46,651.65                                |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | \$0.00   | \$0.00                                     |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$37,792.71  | \$46,651.65                                |

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

|                           | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$0.00           | \$0.00      |
| 21. Expenditures Made     | \$0.00           | \$0.00      |

## Expenditures Made

|  |                      |             |             |
|--|----------------------|-------------|-------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$15,935.00 | \$22,730.50 |
| 7. Loans Made .....                      | Schedule H, Line 7   | \$0.00      | \$0.00      |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$15,935.00 | \$22,730.50 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | \$0.00      | \$0.00      |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | \$0.00      | \$0.00      |
| 11. TOTAL EXPENDITURES MADE .....        | Add Lines 8 + 9 + 10 | \$15,935.00 | \$22,730.50 |

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |

## Current Cash Statement

|   |   |             |  |
|---|---|-------------|--|
| 12. Beginning Cash Balance .....                          | Previous Summary Page, Line 16                | \$18,973.24 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts .....                                   | Column A, Line 3 above                        | \$37,792.71 |  |
| 14. Miscellaneous Increases to Cash .....                 | Schedule I, Line 4                            | \$2.65      |  |
| 15. Cash Payments .....                                   | Column A, Line 8 above                        | \$15,935.00 |  |
| 16. <b>ENDING CASH BALANCE</b> .....                      | Add Lines 12 + 13 + 14, then subtract Line 15 | \$40,833.60 |  |
| If this is a termination statement, Line 16 must be zero. |   |             |  |
| 17. LOAN GUARANTEES RECEIVED .....                        | Schedule B, Part 2                            | \$0.00      |  |

## Cash Equivalents and Outstanding Debts

|                             |                                       |        |
|-----------------------------|---------------------------------------|--------|
| 18. Cash Equivalents .....  | See instructions on reverse           | \$0.00 |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$0.00 |

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                         |  |                            |
|-------------------------|--|----------------------------|
| Statement covers period |  | <b>CALIFORNIA FORM 460</b> |
| from 07/01/2017         |  |                            |
| through 12/31/2017      |  | Page 4 of 21               |
|                         |  | I.D. Number<br>744444      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)     | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 7/18/2017     | North Bay Labor Council, AFL-CIO<br>Santa Rosa, CA 95403  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,744.60                  | \$10,703.54   |                                    |
| 8/2/2017      | North Bay Labor Council, AFL-CIO<br>Santa Rosa, CA 95403  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$2,074.76                  | \$12,778.30   |                                    |
| 8/10/2017     | California Federeation of Teachers COPE Prop/Ballot<br>Burbank, CA 91505<br>Committee ID: 1240104 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$200.00                    | \$200.00  |                                    |
| 9/7/2017      | North Bay Labor Council, AFL-CIO<br>Santa Rosa, CA 95403  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$794.68                    | \$13,572.98   |                                    |
| 10/2/2017     | Sonoma County Conservation Action P.A.C.<br>Santa Rosa, CA 95404<br>Committee ID: 911196          | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$100.00                    | \$100.00  |                                    |

**SUBTOTAL**

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) ..... \$37,692.71

2. Amount received this period - unitemized contributions of less than \$100 ..... \$100.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** \$37,792.71

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |  |                            |
|-------------------------|--|----------------------------|
| Statement covers period |  | <b>CALIFORNIA FORM 460</b> |
| from 07/01/2017         |  |                            |
| through 12/31/2017      |  | Page 5 of 21               |
|                         |  | I.D. Number<br>744444      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)          | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|--|---|--|-----------------------------|---|------------------------------------|
| 10/17/2017      | Humboldt/Del Norte Counties Central Labor Council C.O.P.E.<br>Eureka, CA 95501<br>Committee ID: 862331 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$300.00                    | \$300.00  |                                    |
| 10/18/2017      | Kazan, McClain, Satterly & Greenwood<br>Oakland, CA 94607  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,000.00                  | \$1,000.00  |                                    |
| 10/20/2017      | Judy Arnold dba Friends of Judy Arnold<br>Novato, CA 94947<br>Committee ID: 1277167                    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$475.00                    | \$475.00  |                                    |
| 10/27/2017      | Damon Connolly for Supervisor 2018<br>San Rafael, CA 94903<br>Committee ID: 1361168                    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$175.00                    | \$175.00  |                                    |
| 10/27/2017      | Jim Wood for Assembly 2018<br>Sacramento, CA 95815<br>Committee ID: 1392333                            | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,050.00                  | \$1,050.00  |                                    |
| <b>SUBTOTAL</b> |  |   |  |                             |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |                            |
|--|--|----------------------------|
| Statement covers period<br>from <u>07/01/2017</u>                                  |  | <b>CALIFORNIA FORM 460</b> |
| through <u>12/31/2017</u>  |  |                            |
|  |  | Page <u>6</u> of <u>21</u> |
| NAME OF FILER<br>NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION |  | I.D. Number<br>744444      |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 10/27/2017      | Cecilia Aguiar-Curry for Assembly 2018<br>Sacramento, CA 95815<br>Committee ID: 1392362       | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$675.00                    | \$675.00  |                                    |
| 10/27/2017      | Sonoma County Democratic Central Committee<br>Santa Rosa, CA 95402<br>Committee ID: 742474    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$300.00                    | \$300.00  |                                    |
| 10/31/2017      | Sheet Metal Workers Local 104 P.A.C.<br>San Ramon, CA 94583<br>Committee ID: 850381           | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,200.00                  | \$1,200.00  |                                    |
| 11/6/2017       | North Bay Labor Council, AFL-CIO<br>Santa Rosa, CA 95403                                      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$860.87                    | \$14,433.85   |                                    |
| 11/6/2017       | North Bay Labor Council, AFL-CIO<br>Santa Rosa, CA 95403                                      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$2,155.30                  | \$16,589.15   |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |  |                            |
|---|--|----------------------------|
| Statement covers period<br>from <u>07/01/2017</u> |  | <b>CALIFORNIA FORM 460</b> |
| through <u>12/31/2017</u>                         |  |                            |
|   |  | Page <u>7</u> of <u>21</u> |
|   |  | I.D. Number<br>744444      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)                     | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 11/6/2017       | S.E.I.U. Local 1021 Candidate P.A.C. Small Contributor Committee<br>Sacramento, CA 95814<br>Committee ID: 1296948 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$3,937.50                  | \$3,937.50  |                                    |
| 11/6/2017       | S.E.I.U. Local 1021 Candidate P.A.C. Small Contributor Committee<br>Sacramento, CA 95814<br>Committee ID: 1296948 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$300.00                    | \$4,237.50  |                                    |
| 11/6/2017       | Guy Conner<br>Santa Rosa, CA 95405  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>Consultant  | \$975.00                    | \$975.00  |                                    |
| 11/6/2017       | Noreen Evans for Supervisor<br>Santa Rosa, CA 95404<br>Committee ID: 1381932                                      | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$600.00                    | \$600.00  |                                    |
| 11/6/2017       | Engineers & Scientists of CA, IFPTE 20 P.A.C.<br>Oakland, CA 94607<br>Committee ID: 861160                        | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,350.00                  | \$1,350.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |  |                            |
|---|--|----------------------------|
| Statement covers period<br>from <u>07/01/2017</u> |  | <b>CALIFORNIA FORM 460</b> |
| through <u>12/31/2017</u>                         |  |                            |
|   |  | Page <u>8</u> of <u>21</u> |
|   |  | I.D. Number<br>744444      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                   | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 11/9/2017       | Sonoma, Mendocino & Lake Counties Building & Construction Trades Council P.A.C.<br>Santa Rosa, CA 95403<br>Committee ID: 882503 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$2,575.00                  | \$2,575.00  |                                    |
| 11/9/2017       | Novato Federation of Teachers C.O.P.E.<br>Novato, CA 94947<br>Committee ID: 1260436   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$700.00                    | \$700.00  |                                    |
| 11/9/2017       | Democratic Central Committee of Marin<br>Sacramento, CA 95841<br>Committee ID: 761428   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$350.00                    | \$350.00  |                                    |
| 11/13/2017      | International Association of Theatrical Stage Employees Local 16 P.A.C.<br>San Francisco, CA 94105<br>Committee ID: 1302106     | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,200.00                  | \$1,200.00  |                                    |
| 11/20/2017      | Dorothy Battenfeld<br>Santa Rosa, CA 95405  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Montgomery High School<br>High School Teacher  | \$175.00                    | \$175.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |  |                            |
|---|--|----------------------------|
| Statement covers period<br>from <u>07/01/2017</u> |  | <b>CALIFORNIA FORM 460</b> |
| through <u>12/31/2017</u>                         |  |                            |
|   |  | Page <u>9</u> of <u>21</u> |
|   |  | I.D. Number<br>744444      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)        | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|--|---|--|-----------------------------|---|------------------------------------|
| 11/21/2017      | Christy Lubin<br>Graton, CA 95444  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Graton Day Labor Center<br>Office Worker   | \$175.00                    | \$175.00  |                                    |
| 11/22/2017      | Guy Conner<br>Santa Rosa, CA 95405   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>Consultant  | \$175.00                    | \$1,150.00  |                                    |
| 11/27/2017      | California Nurses Association P.A.C.<br>Sacramento, CA 95814<br>Committee ID: 780657                 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$875.00                    | \$875.00  |                                    |
| 11/28/2017      | District Council of Iron Workers Political Action League<br>Pinole, CA 94564<br>Committee ID: 831693 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$850.00                    | \$850.00  |                                    |
| 11/28/2017      | Mike McGuire for State Senate 2018<br>San Rafael, CA 94901<br>Committee ID: 1373364                  | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$850.00                    | \$850.00  |                                    |
| <b>SUBTOTAL</b> |  |   |  |                             |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |                            |
|--|--|----------------------------|
| Statement covers period<br>from <u>07/01/2017</u><br>through <u>12/31/2017</u>     |  | <b>CALIFORNIA FORM 460</b> |
| Page <u>10</u> of <u>21</u>  |  |                            |
| NAME OF FILER<br>NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION |  | I.D. Number<br>744444      |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/5/2017       | A. J. Brady for District Attorney 2018<br>Corte Madera, CA 94925<br>Committee ID: 1394668     | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$475.00                    | \$475.00  |                                    |
| 12/5/2017       | Rosatti Consulting<br>Sebastopol, CA 95472  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$175.00                    | \$175.00  |                                    |
| 12/5/2017       | Kazan, McClain, Satterly & Greenwood<br>Oakland, CA 94607                                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$525.00                    | \$1,525.00  |                                    |
| 12/5/2017       | Operating Engineers Local 3 District 10 P.A.C.<br>Alameda, CA 94502<br>Committee ID: 891395   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,575.00                  | \$1,575.00  |                                    |
| 12/7/2017       | Engineers & Scientists of CA, IFPTE 20 P.A.C.<br>Oakland, CA 94607<br>Committee ID: 861160    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$750.00                    | \$2,100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |  |                             |
|---|--|-----------------------------|
| Statement covers period<br>from <u>07/01/2017</u> |  | <b>CALIFORNIA FORM 460</b>  |
| through <u>12/31/2017</u>                         |  |                             |
|   |  | Page <u>11</u> of <u>21</u> |
|   |  | I.D. Number<br>744444       |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/20/2017      | Pacific Gas & Electric Corporation Major Donor<br>San Francisco, CA 94105                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$5,000.00                  | \$5,000.00  |                                    |
| 11/17/2017      | California Nurses Association P.A.C.<br>Sacramento, CA 95814<br>Committee ID: 780657          | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,000.00                  | \$1,875.00  |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
| <b>SUBTOTAL</b> |   |   |  | \$37,692.71                 |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

Page 12 of 21

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

I.D. NUMBER  
744444

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD*                      | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
|--|---|---|--|--|---|--|--------------------------------------|---|
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | <br>RATE %<br><br>                     |                                      | CALENDAR YEAR<br><br>PER ELECTION**<br><br>   |
|  |   |   |  |  | DATE DUE  |  | DATE INCURRED                        |   |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | <br>RATE %<br><br>                     |                                      | CALENDAR YEAR<br><br>PER ELECTION**<br><br>   |
|  |   |   |  |  | DATE DUE  |  | DATE INCURRED                        |   |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | <br>RATE %<br><br>                     |                                      | CALENDAR YEAR<br><br>PER ELECTION**<br><br>   |
|  |   |   |  |  | DATE DUE  |  | DATE INCURRED                        |   |

SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 07/01/2017<br>through 12/31/2017 | <b>CALIFORNIA FORM 460</b> |
|  | Page 13 of 21              |
| I.D. Number<br>744444  |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

| FULL NAME, STREET ADDRESS AND<br>ZIP CODE OF GUARANTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | LOAN               | AMOUNT<br>GUARANTEED<br>THIS PERIOD | CUMULATIVE<br>TO DATE                              | BALANCE<br>OUTSTANDING<br>TO DATE |
|--|--|---|--------------------|-------------------------------------|--|-----------------------------------|
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                                     | CALENDAR YEAR<br><br>PER ELECTION<br>(IF REQUIRED) |                                   |
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                                     | CALENDAR YEAR<br><br>PER ELECTION<br>(IF REQUIRED) |                                   |
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                                     | CALENDAR YEAR<br><br>PER ELECTION<br>(IF REQUIRED) |                                   |
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                                     | CALENDAR YEAR<br><br>PER ELECTION<br>(IF REQUIRED) |                                   |
| SUBTOTAL   |  |   |                    |                                     | Enter on<br>Summary Page,<br>Line 17 only.         |                                   |

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>07/01/2017</u><br>through <u>12/31/2017</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>14</u> of <u>21</u> |
| I.D. Number<br>744444  |                             |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN 1 - DEC 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|--|---|----------------------------------|---------------------------|---|---------------------------------------|
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM- Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period

from 07/01/2017

through 12/31/2017

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

I.D. NUMBER

744444

| DATE      | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|---------------------------|--------------------|--|------------------------------------|
| 7/27/2017 | Mike McGuire for State Senate 2018  | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Donation to Campaign      | \$500.00           | \$750.00   | 2018P: \$750.00                    |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |  |                                    |
| 7/27/2017 | Democratic Central Committee of Marin   | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Donation to fundraiser    | \$500.00           | \$650.00   |                                    |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |  |                                    |
| 7/27/2017 | Sonoma County Democratic Central Committee  | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Donation to fundraiser    | \$500.00           | \$500.00   |                                    |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |  |                                    |

**SUBTOTAL** \$1,500.00

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... **\$1,500.00**
- Unitemized contributions and independent expenditures made this period of under \$100 ..... **\$50.00**
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$1,550.00**

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 07/01/2017<br>through 12/31/2017 | <b>CALIFORNIA FORM 460</b> |
| Page 16 of 21  | I.D. NUMBER<br>744444      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                            | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Mike McGuire for State Senate 2018<br>San Rafael, CA 94901<br><br>Committee ID: 1373364        | CTB  |    | Donation to Campaign   | \$500.00    |
| Sonoma County Democratic Central Committee<br>Santa Rosa, CA 95402<br><br>Committee ID: 742474 | CTB  |    | Donation to fundraiser | \$500.00    |
| Democratic Central Committee of Marin<br>Fairfax, CA 94978<br><br>Committee ID: 761428         | CTB  |    | Donation to fundraiser | \$500.00    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

|  |                          |
|--|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....                                 | \$15,885.00              |
| 2. Unitemized payments made this period of under \$100. ....   | \$50.00                  |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$0.00                   |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL</b> \$15,935.00 |



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|                         |  |                                |
|-------------------------|--|--------------------------------|
| Statement covers period |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2017         |  |                                |
| through 12/31/2017      |  | Page 17 of 21                  |
|                         |  | I.D. NUMBER<br>744444          |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT        | AMOUNT PAID |
|---|------|----|-------------------------------|-------------|
| Graton Resort & Casino<br>Rohnert Park, CA 94928                                | FND  |    | Deposit for 12/5/2017 Banquet | \$14,385.00 |
|   |      |    |                               |             |
|   |      |    |                               |             |
|   |      |    |                               |             |
|   |      |    |                               |             |
|   |      |    |                               |             |
|   |      |    |                               |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$15,885.00

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

I.D. NUMBER  
744444

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS**

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \_\_\_\_\_
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \_\_\_\_\_
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \_\_\_\_\_  
May be a negative number.

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

I.D. NUMBER  
744444

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\***

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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## Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

## SCHEDULE H

Statement covers period

from 07/01/2017

through 12/31/2017**CALIFORNIA FORM 460**Page 20 of 21

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

|             |
|-------------|
| I.D. NUMBER |
| 744444      |

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT LOANED THIS PERIOD | (c)<br>REPAYMENT OR FORGIVENESS THIS PERIOD*   | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST RECEIVED                | (f)<br>ORIGINAL AMOUNT OF LOAN                 | (g)<br>CUMULATIVE LOANS TO DATE   |
|---|---|--|----------------------------------|--|--|---|--|---|
|   |   |  |                                  | <input type="checkbox"/> PAID<br><br>_____<br><br><input type="checkbox"/> FORGIVEN<br><br>_____ | _____<br><br>_____<br><br><b>DATE DUE</b>          | _____ %<br><br><b>RATE</b><br><br>_____ | _____<br><br>_____<br><br><b>DATE INCURRED</b> | <b>CALENDAR YEAR</b><br><br>_____<br><br><b>PER ELECTION**</b><br><br>_____ |
|   |   |  |                                  | <input type="checkbox"/> PAID<br><br>_____<br><br><input type="checkbox"/> FORGIVEN<br><br>_____ | _____<br><br>_____<br><br><b>DATE DUE</b>          | _____ %<br><br><b>RATE</b><br><br>_____ | _____<br><br>_____<br><br><b>DATE INCURRED</b> | <b>CALENDAR YEAR</b><br><br>_____<br><br><b>PER ELECTION**</b><br><br>_____ |
| <b>SUBTOTALS</b>  |   |  |                                  |  |  |   |  |   |

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

\*\* If Required

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** \_\_\_\_\_  
(Enter the net here and on the Summary Page, Column A, Line 7.) (May be a negative number)

**NET** \_\_\_\_\_  
(May be a negative number)

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 07/01/2017  
through 12/31/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NORTH BAY LABOR COUNCIL, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

I.D. NUMBER  
744444

| DATE<br>RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT              | AMOUNT OF<br>INCREASE TO CASH |
|------------------|---|-------------------------------------|-------------------------------|
| 12/31/2017       | United Business Bank<br>San Francisco, CA 94105                           | Interest earned on checking account | \$2.65                        |
|                  |   |                                     |                               |
|                  |   |                                     |                               |
|                  |   |                                     |                               |
|                  |   |                                     |                               |
|                  |   |                                     |                               |
|                  |   |                                     |                               |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$2.65

### Schedule I Summary

1. Increases to cash of \$100 or more this period..... \$2.65

2. Unitemized increases to cash under \$100 this period..... \$0.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$2.65

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